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ABSTRACT

Scotland Against Drugs, a privately funded partnership, launched a national staff development program known as the Primary School Initiative (PSI). The initiative provides an opportunity for schools and local authorities to evaluate their drug education efforts. The training encourages teachers to develop their own drug education policies and teaching approaches in line with established guidance on best practices. An evaluation of PSI from 1998 to 2001 included a survey of participants (1,133) and follow-up interviews, observations of training events, and interviews with trainers and local authorities involved. The evaluation determined that the PSI training has a positive impact on the knowledge, confidence, and abilities of participating teachers to plan and teach drug education in primary schools. It suggested that further research is needed on how to develop appropriate forms of drug education with related training for teachers, how to work with secondary schools, and how best to promote work with parents in the field of drug education. (JDM)

ED 455 489

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Partnerships in Action

Evaluation of
The Scotland Against Drugs Primary School Initiative Training

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INVESTOR IN PEOPLE

Evaluation of the Scotland Against Drugs Primary School Initiative Training

Kevin Lowden
Janet Powney

The Scottish Council for Research in Education

SCRE Research Report No 103

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Executive summary

Scotland Against Drugs (SAD), in partnership with Marks & Spencer, Scottish Power, and other private sector investors, launched a national staff development initiative for all local authorities in Scotland in May 1998. The funding for the initiative was raised by Sir Tom Farmer CBE, Chairman of Scotland Against Drugs. This funding provided 75% of the costs for each authority's programme with the remaining 25% of the funding being provided by the authority.

The Primary School Initiative (PSI) training is intended by its designers as a 'springboard' in that it aims to provide an opportunity for schools and local authorities to evaluate their drug education and identify ways of developing their provision. The PSI training encourages teachers to develop their own drug education policies and teaching approaches in line with established guidance on good practice.

Our evaluation of the PSI initiative conducted over 1998 to 2001 has involved:

- surveying 1133 participants of the programme (see Appendix 2 for details) and follow-up interviews with 35 teachers across 15 local authorities
- observations of training events
- interviewing the trainers and local authority co-ordinators involved with the initiative.

The evaluation has shown that the PSI training has had a positive impact on the knowledge, confidence and abilities of participating headteachers and teachers to plan and teach drug education in primary schools. As a result of the training most participants now feel:

- more able to identify a whole-school approach to drug education consistent with the concept of the health promoting school
- able to be more explicit about their own beliefs and values in relation to drug use and drug users
- more confident about handling a drug-related incident in their school
- able to initiate a plan of action related to drug education in their school
- that monitoring and evaluation will play a more important role in their drug education programmes.

Some participants are less certain about the effects and legal implications related to drugs and about the drug situation in their local drug area. However, this reflects the fact that this component of the training was not a key part of the training for a number of authorities which placed the emphasis on other aspects of drug education such as teaching approaches in primary school drug education.

In general therefore, the responses of school staff overwhelmingly endorse the approach and quality of the training provided. Particular praise was given for the

trainers involved with the PSI programme across all authorities. Follow-up interviews with 35 teachers across the authorities to obtain insights on the longer term impact of the training on schools' drug education reveal that the Initiative has had notable positive impact on planning and delivery of drug education in schools. This aspect of the evaluation also indicates that the pace of change in schools will depend on current priorities as expressed in school development plans, the support for drug education already available in an authority and the commitment of management to drug education.

Issues for the future include: .

- how to build on the basic training provided by SAD. For example, periodic up-dates in training that facilitate teachers to take stock of their drug education and that supports them in developing measures for further enhancement.
- working with secondary schools and others who work with young people and schools to develop and implement training that complements the PSI programme. This will assist the development of a spiral curriculum for drug education that starts in primary schools and proceeds through secondary school.
- the development of appropriate forms of drug education to suit all primary age groups with related training for teachers
- re-assessing the priority being given to illegal drugs when alcohol could present more serious and common problems
- how best to promote work with parents in the field of drug education.

1: The nature of the primary school initiative training

Scotland Against Drugs (SAD), in partnership with Marks & Spencer, Scottish Power, and other private sector investors, launched a national staff development initiative for all local authorities in Scotland in May 1998. The funding for the initiative was raised by Sir Tom Farmer CBE, Chairman of Scotland Against Drugs. This funding provided 75% of the costs for each authority's programme with the authority providing the remaining 25%.

The Primary School Initiative (PSI) training supports and encourages teachers to develop their own drug education policies and teaching approaches in line with established guidance on good practice. In particular, the PSI training is intended by its designers as a 'springboard' for action in that it aims to provide an opportunity for schools and local authorities to:

- assess the status of their current drug education
- identify what aspects of their provision requires to be developed and how best this can be done.

The design of the Initiative emerged from discussions between SAD, local authority co-ordinators and the national trainers. The original SAD PSI framework and related general objectives were translated into the following broad content areas:

- knowing about drugs and drug use
- attitudes, values and beliefs
- developing a whole-school approach to drug education
- dealing with sensitive issues
- drug education in the curriculum
- dealing with drug incidents
- the school and the community working together
- involving parents.

Therefore, the training initiative has broad objectives that have underpinned the content over the duration of the initiative. As training in each authority has been informed by assessment of teachers' needs, the emphasis of certain components in the content of the training programme has been adjusted to suit the identified needs of the participating authorities and their teachers. Adjustments have been made to fit in with the authorities' requests and also what could be achieved within the limits of the two (or one) days available for the PSI training. However, across the authorities, particular areas of content are popular. These are:

- A focus on how to build drug education into the curriculum in line with Scottish Executive and local authority recommendations. Increasingly, national and local

developments concerning drug education, policy and practice have been reflected in the PSI training content (eg Scottish Executive, 2000).

- Supporting teachers to plan, implement and teach a spiral curriculum. When the PSI initiative began approximately two years ago, drug education within primary schools focused mainly on P7. However, since then it has been recommended that drug education should be more systematically incorporated within the primary curriculum.
- Integrating guidance from the Scottish Executive's School Drug Safety Team and local authorities on dealing with drug incidents in schools. A focus on a particular resource or approach that is being used in local schools across an authority.
- Promoting teachers' knowledge on drugs and drug-use related issues.
- More recently, consulting and working with parents to ensure they are well informed about what is being taught. Parental misunderstandings and objections based on a lack of awareness about what is taught and why it is taught are seen by some teachers and authorities as impeding parents' support for drug education. Therefore, training to promote teachers' consultation with parents is seen as important, particularly when drug education will increasingly be taught to younger primary pupils.

1.1 Models of training

The PSI standard training comprises a core programme of content based on the topics listed in the introduction to this chapter. This is usually delivered on two consecutive days and participants at each session tend to be from clusters of primary schools, sometimes with representation from guidance teachers from the associated secondary school. Where authorities wished to provide a modified training programme this would be negotiated with SAD. In most cases, local authorities encourage a headteacher (or depute) and a class teacher from each school to attend although this is not always possible, especially in very small schools. There are usually about 30 participants in each group.

Initially and in the majority of authorities, the national trainers who developed the programme led the training working with local trainers. These trainers are usually health promotion specialists from the local health board but occasionally they have been education staff. The purpose of engaging local trainers is to ensure that trained support remains in the authority after the national trainers have moved on. Since the beginning of PSI, local authorities have become increasingly confident and informed about developing – in association with SAD – the standard PSI model to complement their drug and wider health education policies and the particular needs of their teachers. This has resulted not only in adjustments to the programme content and emphasis but also variations in who delivers the training and the period of the training. The most distinct variations have been those training events that have:

- involved partnerships between education department, health board and other agencies to maximise the deployment of available resources, training skills and subject knowledge expertise

- altered the duration of the original design for the training from the standard two consecutive day format.

In relation to the first of these variations, some authorities have required specific information on the extent of drug use and the trainers might, for example, include an input from the police to provide information on the local drug-use situation. In some authorities, health promotion professionals have worked with education department staff and police to provide a tailored programme that draw on their considerable experience, expertise and local insights.

In terms of replacing the two-day event, three authorities involved in our evaluation, shortened the duration of the training programme to a one-day programme. One of these also varied the training approach further by requesting one day courses for headteachers only and another single day for teachers. Another authority chose to split the two-day programme into two single days with the first day providing training on the objectives including the use of particular resources. The second day took place after several weeks to reflect on the initial impact of participants' implementation of the resource and what was learned from the first day.

Venues have included teacher centres, a converted FE college, schools and a hotel and most of these offered sufficient, well heated and ventilated accommodation with catering classed as adequate to good by participants.

1.2 Conclusion

As the following sections of the report reveal, despite the variance in the models of the PSI training, there is no significant difference in participants' high levels of satisfaction with the training across these various models. It would seem that if a training approach adopts careful planning, consultation and adheres to the broad aims and objectives of the PSI, then varying models of training can be adopted to meet particular needs and contribute towards good practice in drug education.

2: Participants' views on their training

This chapter is primarily based on evidence collected through the survey of 1133 PSI participants involved in the evaluation. This is supplemented by information gathered using participant observation of one event within each of the participating authorities (see Appendix 1 for details of the evaluation approach).

Overall, there are high levels of satisfaction with the SAD training at all the venues and among all groups of participants. For most of the participants, the PSI is their first experience of training related to drug education; fewer than a third have attended any previous training.

2.1 Drug education in participants' schools

Important aspects of the evaluation are to see how the training matches and influences existing primary school drug education and how staff perceptions are modified in the light of the PSI.

The main aims of participants' own school drugs programmes (see Table 2.1) are to provide pupils with information/facts about drugs so that they can make informed decisions and have the necessary skills to cope in drug-related situations. This finding is similar to that of our previous research that has included an overview of drug education in Scottish schools (Lowden and Powney, 2000). These primary teachers, therefore, consider an essential component of drug education is to raise pupils' awareness of drugs and this is often put in terms of preparing children prior to transfer to secondary school.

Some teachers stress drug education aims are embedded in their whole school health education programme. A minority of informants (65 in all) indicate that their school has no drug education policy as yet.

Participants in the early stages of PSI indicate (through our follow-up telephone interviews) that discrete drug education is provided mainly to P6 and P7. Later participants suggest more awareness of the need to address drug in all pupil year groups and that the training would hopefully help them to enhance their provision and skills concerning this.

Table 2.1: Main aims of the participants' school drug education programme

Main aims	% of responses indicating drug education	Total N=
Provide factual information	60	951
Inform decision making	49	950
Promote healthy living	25	950
Other aims	20	950
Promote safety	14	950
Discourage drug use	11	949
Raise self-esteem	9	949
No policy / aims	7	988
Resist peer pressure	6	949

2.2 Participants' expectations

In terms of personal aims and expectations about the training, the greatest demand (70% of responses) is for increased personal knowledge about drugs (eg their effects, characteristics, legal consequences). Other major aims are (in order of importance): to develop existing policy and practice (38% of responses), to develop appropriate teaching approaches (25% of responses) and to learn more about appropriate and relevant resources (23% of responses). Interestingly, only 13% of responses were originally interested in developing strategies and policies in dealing with drug incidents at school. This might reflect the fact that such incidents in schools are relatively rare. The vast majority of participants (over 90%), report that their personal aims and expectations are met by the training.

However, there remains a minority who feel that their needs in dealing with such complex issues would be met only after further support and discussions within their school.

After the training, a small number of participants still feel unsure of drug facts. This puts such teachers at a disadvantage if, as one teacher explained, it was clear that even in P1, many pupils in her school have a good knowledge of drugs and this highlights the urgent need for schools to examine the suitability of their current drug education.

2.3 Overview of the training

As a result of the training, the majority of participants report that they now feel able to identify a whole-school approach to drug education within the health promoting school concept and to be more explicit about their own beliefs/values in relation to drug use and drug users. They are also confident about being able to define a drug-related incident in their school and to initiate a plan of action on drug education in their own school (See Table 2.2). Only on one item, *awareness of local drug use*, do respondents report somewhat lower levels of agreement. However, this is explained to a large extent by the fact that some local authorities specified that the focus on local drug statistics and situation should be minimal. In these cases, the time made available in the programme by altering the focus was to be spent on other issues of priority identified by the authority and teachers.

Table 2.2: Effects of training on participants' knowledge, understanding and future behaviour

Training	Strongly agree %	Agree %	Disagree %	Strongly disagree %	Total N=
Identify key components of whole school approach	16	75	6	3	1044
Understanding drug education within health promoting school	16	82	2	.2	1039
Identify effects and legal implications	6	73	19	1	1006
Increased awareness of local drug use	7	56	32	3	1007
Identified own beliefs, attitudes and values	16	70	14	1	1006
Better prepared for sensitive issues	16	75	8	1	1044
Able to define meaning of a drug related incident	15	78	6	1	1029
Able to indicate a plan of action on drug education	13	76	9	1	1026

2.4 Most useful parts of the training

Participants identified at the end of their training the most useful aspects for their situation. Table 2.3 summarises these comments.

Table 2.3: Participants' views of the most useful parts of the training programme (in order of frequency of response)

Part of the training programme	% of positive responses	Total N=
Knowledge of drugs	46	1080
Activities	36	1080
Sharing experiences	27	1080
Knowledge of agencies / resources	23	1080
Whole school approach	17	1078
Developing action plans	15	1080
Dealing with tricky questions/situations	15	1080
Local / school drug situation	15	1079
Other useful parts of the course	17	1078

Participants then, have particularly valued the contribution made by the training to their general knowledge on drugs. From this study and our other research on drug and health education, it is clear that many teachers are apprehensive about engaging fully with these topics because of their perceived lack of knowledge on the subject matter. The PSI training has, therefore, made a welcome and positive impact in this area.

Participants have also valued the opportunity offered by the training to have time to focus on drug education issues, to examine materials and to share ideas with colleagues both in their own and other schools. A wide range of materials was available for participants to review during the training and the trainers provided their own comments about the benefits and disadvantages of the various products. It was

also useful to put any locally endorsed materials in the context of other items on the market. From our follow-up interviews and observations of the training, it is clear that teachers find discussing drug education matters with colleagues informative and reassuring. This process is also reported as strengthening co-operation on drug education within schools, promoting collaboration between cluster schools and enhancing understanding of how to articulate drug education between schools within the clusters.

The training provides participants with time to discuss issues which impinge on their schools' drug/health education. The activities not only facilitate communication within and across schools concerning drug education but also participants report that the sections on situations and scenarios are thought-provoking and lead to a deeper exploration of their policies and practices and own views concerning drug education. Finally, teachers suggest that they have been able to absorb the concept and importance of evaluating and revising their drug education and this would have an impact on their ongoing role and inform their schools' existing evaluation strategies. Participants' comments on the benefits of the training approach and format include:

Reflection/discussion/role play – many sensitive issues covered in a meaningful way. Headteacher

Discussion; materials available – helpful, improve and focus my own ideas/ attitudes. As a single teacher I valued the opportunity for feedback. Class teacher

Factual information, planning suggestions, gave me what I needed. Class teacher

Looking at skills required; discussion of attitudes and values. Headteacher

2.5 Immediate impact of training

At the end of the training, the overwhelming number of participants consider it has provided them with skills to examine their drug education and at the same time it has promoted their confidence to teach drug education if only to confirm that their current practice is 'on the right track'. Their increased knowledge about drugs, greater awareness of drug education resources, teaching methods, sources of support and information on integrating drug education into school planning, all contribute to this increase.

Most teachers consider the training has had a positive impact on their awareness and abilities to teach drug education and predict it will benefit the drug education programme in their own schools (see Table 2.4).

While the training has had distinct benefits on their capacity to teach drug education, these teachers do not now consider themselves as experts; rather they feel confident to take the next steps in implementing a more systematic drug education approach. This is good news given that this was the main aim of the PSI teacher training programme. Teachers see this process of developing their drug education as requiring further staff development opportunities.

Table 2.4: Teachers' reactions at the end of the training programme about its impact

Immediate impact of the training	% Yes	% No	Total N=
Promotes own confidence to teach drug education	89	11	1078
Positive impact on awareness and abilities to teach drug education	96	4	1090
Likely to have a positive impact on own schools drug education	96	4	1091

The following selected quotations illustrate positive and less positive teachers' perceptions of the training (although it should be noted that most comments fall into the first category):

Participants perceptions at the end of training

Positive	Less positive
Promoted their own confidence to teach drug education	
I am more knowledgeable – clear ideas on how to proceed with lesson planning.	*The content served to highlight how much I don't know.*
I'll probably be able to deal with situations/sensitive matters if they arise.	*Too many ideas to think about and develop.*
Had had a positive impact on awareness and abilities to teach drug education	
Established a good starting point with lots of ideas on how to go forward.	*Still unsure of dealing with sensitive issues.*
It has clarified my duties and responsibilities. It has cleared some of the mystique and mystery and identified the sort of approach to take.	
Likely to have positive impact on drug education programme in their own schools	
I have attended this course with 2 colleagues and we have identified areas to be addressed within our school.	*I still have areas of concern I do not feel able to deal with without more input.*
Feel confident to teach staff as I now have a clear picture of drugs education.	

Overall, teachers report that improvements in their knowledge and skills resulting from the training would help them to plan and teach drug education more effectively and to embed their own drug education in a planned whole school approach. (Local authority co-ordinators also endorse this).

2.6 Further support needs of teachers

Any in-service programme seems to generate requests for more training and the PSI is no exception in this respect. Teachers are keen to pursue in-service in drug education and Table 2.5 reports in order of demand, the most commonly requested areas for further support and training.

Table 2.5: Further support and training required by participants

Main types of further support required	% of responses	Total N=
General in-service on drug education	65	855
Advice on working with other appropriate agencies/organisations	24	855
More training to keep up-to-date with drug facts	20	854
More time and resources concerning drug education	18	855
Specialised training on drug education (eg dealing with sensitive incidents)	7	855

2.7 Views on the training approach and trainers

Overwhelmingly, participants across the authorities view their trainers as experts in their understanding of the subject matter and of the school and local authority context. They also value their professional skills as trainers. Table 2.6 illustrates the strength of this consensus.

Table 2.6: Participants' perceptions of the trainers

Trainer qualities	% Yes	% No	Total N=
Trainers are well informed about the topic	100	–	1019
Trainers appear to possess expertise in drug education	98	2	1018
Trainers adopt an interactive approach	99	1	1018
Trainers adopt a supportive approach	100	–	1015

2.8 Parental participation in training

Where parents have been involved as participants in the training programme, local authority co-ordinators perceive this as of benefiting all participants. For example, a practical suggestion emerging from one group is that parents and pupils should collaborate on any homework on drug education. Parents clearly welcome factual information on drugs as well as insights concerning the drug related opportunities and risks that can face their children. (In one instance, parents were quite disconcerted by the figures related to local drug availability and use presented during the training).

2.9 Conclusion

From primary teachers' perspectives, the broad intentions of the PSI training programme have been realised in respect to teachers' increased awareness of the issues involved, knowledge of drug use and of materials and has provided them with increased confidence and practical support to plan, teach and evaluate this difficult area of the curriculum.

3: Training and resourcing issues

The PSI training requires a relatively high level of resourcing in that it necessitates the provision of cover to free-up headteacher and teachers to attend the training. The cost of this and the availability of cover teachers begs the question, given the level of resourcing for this training, does the programme represent value for money? Is there a model which is sustainable in the longer term?

3.1 Quality of training

Certainly there is unanimous support from participants for the quality of the SAD training. All trainers are perceived as being well informed with expertise in drug education. They are assessed as providing a supportive and interactive approach and having a range of training providers seems to have been successful. Training is generally recognised as well-paced, keeping to schedule and responsive to participants' needs. The materials used in the courses and available for consultation are up-to-date and relevant to the needs of primary schools and their staff and many participants are particularly pleased to see examples and illustrations of drugs.

From the trainers' perspectives, the sessions need to be well prepared and striking a balance between keeping to a well-defined programme and schedule with being flexible enough to meet the needs of each group on the day. Early in the Initiative, in a very small number of cases, trainers were not provided with a needs analysis of prospective participants. The size of the group could also present challenges: for example, on one occasion, a session had a large number of participants (46+) and only one trainer was able to attend. Despite these difficulties, and due no doubt to the energy, skill and enthusiasm of the trainer, participants at this event were as satisfied as those at other events.

Where the very few critical comments arise, this may be less to do with the approach of the course than perhaps reflecting teachers' lack of confidence and, associated with this, being put in the position of learner rather than physically-active organising teacher. Dissatisfaction occurs when:

- long spells of listening are required
- presentations, rather than activities, occur after lunch
- staff perceive they already know what resources are suitable for their pupils and that the aim of a task is not clear
- participants feel awkward if they are seen not to have the 'right answer' during activities.

Teachers particularly enjoy certain activities and aspects of the courses, particularly brain storming, role-play and looking at suitable resources. The interactive components of the programme such as role play and group discussion promoted sharing of ideas, reassurance and the development of new outlooks on drug education issues.

3.2 Advantages and disadvantages of headteacher and teachers sharing the same training session

Participants list far more advantages than disadvantages to having headteachers and teachers sharing the same training session. Particular advantages in sharing experiences of the drug training are:

- increasing the likelihood for headteacher and teacher to develop a unified approach in school policy and practices – such as dealing with 'tricky' situations
- improving team building, consultation and communication within school. The SAD training provides a rare opportunity for class and head teachers to work together away from the immediate demands of their school activities
- to promote understanding of headteacher/teacher perspectives:

  Headteachers often meet only headteachers. A class teacher provides a different outlook/perspective.

  Working together gives the class teacher a chance to put over her perspective. It prevents the subject being something which seems to be imposed from outside.

  I think more in-service should involve both as it is easier to appreciate each other's agenda and take account of them.

- to facilitate mutual support, collaboration and task-setting.

The few suggested disadvantages include the possibility that the process might be affected by personalities and so class teachers might feel inhibited by the presence of their headteacher. Observations suggest that this might be relevant in a minority of cases only. At a practical level, it has been difficult to find supply cover in some schools; small schools cannot necessarily cope with two teachers' absence on the same day.

Most of the participants prefer heads and teachers to share the same training or are not sufficiently concerned about the issue. Sole representatives from a school feel they are missing out on opportunities to discuss their school's policy and action plans. Being a sole representative can also limit the impact of the training and put more responsibility on one teacher to persuade colleagues in a school to focus on drug education. Several respondents suggest that it would be even better if the whole school staff could be involved.

3.3 Areas where more information is required

What has emerged from this evaluation is that there is still some uncertainty about the legal aspects of drug use; parents want more on signs and symptoms of drug use and teachers clearly appreciate being kept up to date with the local situation. For example, our observer notes that at one training event:

The presentation was very concise and clear with ample opportunity to ask questions or to open up a discussion. This was greeted with shock by most of the parents and some of the teachers – they were particularly concerned about the facts displayed about the local heroin problem. Although not as bad as another location, heroin was easily available in £10 quantities. These facts seemed to

greatly concern the parents of children in the area, which included some of the teachers attending.

Such presentations clearly undermine the complacency that one teacher expressed in a follow-up interview:

We're a country school: it's not relevant to us. However, it was enlightening to hear about other schools' problems.

3.4 Different models of the initiative

There are no significant differences in the high levels of satisfaction of participants attending different models or variations of the training. Whether training is provided by national and local trainers or local trainers alone, in two or one day events, and whether or not agencies such as the police are involved, the PSI still provides positive and helpful experiences for teachers and headteachers. This may reflect the very urgent need for training in the field of drug education at any level for primary teachers who have felt rather ill-informed about facts, the law, and best practice in teaching and in handling drug incidents. Another factor is that local authorities have been increasingly active in exploring their teachers' needs before agreeing the programme of training. However, whatever the model of training, teachers want more.

One variation on the standard model included parent representatives. The local co-ordinators and our own observations indicate that this can be useful both for parents and for other participants. However, it could prove difficult in practice to include substantial numbers of parents given the already large numbers of teachers participating. Some teachers are ambivalent about involving parents in drug education or, at least, how best to do it and again this might reflect their levels of confidence. Certainly, as headteachers have pointed out, it may prove difficult to engage more than a tiny and unrepresentative group of parents in their children's drug education and some careful thought is required about appropriate strategies likely to benefit children, parents and school staff. An important issue in relation to parents' involvement may be the extent to which ongoing support is available outwith the school in terms of resources and a contact person for advice.

3.5 Conclusion

The relatively high level of resourcing involved in the PSI training appear to be justifiable given the levels of participant satisfaction with the programme and the apparent support as revealed in our follow-up interviews (see Section 4). There is also very high praise for the trainers involved with the initiatives, particularly their expertise and approach. While such a large-scale programme of training might not be feasible on a regular basis, the PSI training has provided an excellent basis on which to develop primary school drug education. Subsequent training could be targeted and therefore less demanding on resources. The evaluation suggests that school cluster-based training is a possible route forward and this will still need considerable support and resources, including funding teacher cover. However, the rewards in terms of further improving drug education would seem to make this a worthy investment.

4: The longer term impact of SAD training

In Chapter 2 we highlighted participants' levels of satisfaction with their training upon completing the course. This section reports the findings of our interviews with a sample of teachers and headteachers from various authorities who were followed up six months after their training. These interviews explored whether the training had made a difference to their teaching of drug education and had impacted on drug education policies and practices more widely within their schools. These interviews indicate that the SAD training has had a very positive effect on the provision of drug education in many participating schools. This strand of the evaluation has also illuminated some of the potential obstacles to action as identified by participants in the training.

4.1 Most useful parts of training

The majority of comments from those participants we have followed up stress the overall value of the PSI training to their practice and the development of drug education within their school. One typical comment from a class teacher summarises this sentiment

> *For me as a class teacher I didn't know how to tackle it before. I was able to find out about resources from the course and from other teachers on the course ... it should be obligatory that everybody goes on this type of course. It is a sensitive issue for staff. An excellent two days – its okay to discuss and share with colleagues but you need experts.*

However teachers have also been able to identify several aspects of the training, listed below, as being especially helpful to them subsequently.

4.1.1 Drug education and the whole curriculum

Teachers have found the sections on how to integrate drug education within the curriculum and school planning beneficial. The training has also raised awareness of the wider concepts concerning holistic health education and promotion.

> *Understanding the concept of drug education/health promoting school was the part I mainly found useful ... The course made me realise that whole school progression was possible from P1 onwards.* Class teacher

Additionally, important messages remembered from the course concern the rationale underpinning curriculum development that was not moralistic but rather presents facts within a broad perspective of society – or as one teacher put it, *'To try and integrate information throughout every year level in a natural way'.*

4.1.2 Parental involvement in drug education and training

Teachers stress that they have often been unsure about how to foster links with relevant partners in the community to develop their policies, teaching and referral strategies. While official guidance from the Scottish Executive and local authorities has somewhat alleviated this difficulty, the teachers report that the training has been

valuable in identifying such partners including health agencies, parents and the police and has provided guidelines that can be used to promote effective collaboration.

Teachers, particularly headteachers within their management role, add that the PSI initiative has helped move forward their thinking and practices in consulting and working with parents on the topic of drugs and drug education. Teacher concerns about potential parental misunderstandings concerning what is taught in primary school drug education can mean they are reticent to engage fully with recommended approaches and content for fear of parents' criticism. However, scenarios and brainstorming on dealing with parental questions in the training, have promoted teachers' confidence in consulting with parents and discussing drug education issues. Interestingly, some headteachers comment that while they now have more ideas on how to work with parents and increased confidence to deal with their concerns, it is usually difficult to obtain parental participation in evening meetings and similar initiatives on drug education.

The training role-play and sections on 'tricky situations' related to parental issues have been particularly beneficial to those teachers who work in rural localities. For example, some teachers in small rural communities believe that challenging parents about their own or their children's substance use can create more problems and repercussions than in a larger urban community where anonymity is easier to ensure. Therefore, teachers report that the training on strategies to deal with incidents and situations in a variety of contexts has been very useful:

Although the PSI training has encouraged some teachers to work more closely with parents, there are still some informants, especially from the early training sessions, who are uncertain how best to involve parents. In a school which organised special parents evenings on this topic, attendance was relatively low, ie about 20 parents in all. This programme was run by a representative from the local hospital but the headteacher was excluded in case her presence limited what parents could comfortably discuss. If drug education is a community issue then collaboration between parents and teachers is vital. A local co-ordinator reported that parents' reactions to the SAD training they attended included the need for more information on how to recognise the signs and symptoms of drug use.

It has been suggested by one teacher that activities for parents might be run by an outside agency, something like a road show. This would take some of the pressure off teachers who in some cases are not regarded by parents as experts in drug education. However, this view has been counteracted by another teacher who invited a police liaison officer to talk to her class about drugs. This not only gave the teacher more credibility in the eyes of parents, it also encouraged other teachers to do the same.

4.1.3 Teaching approaches for use with primary (especially younger) pupils

Over the duration of the initiative there has been an increasing emphasis nationally on the need to provide appropriate drug education throughout all primary year groups

using a spiral curriculum. Teachers in this, and our other research, have indicated their uncertainty about the most appropriate content and approaches to adopt in drug education with the younger pupils. The follow-up interviews have highlighted that the PSI training has been most helpful in facilitating the development of drug education in the primary curriculum for P1–P7. For example, teachers have found the introduction by the training to the 'Draw and Write' technique a very helpful approach in assessing and responding to younger pupils' needs.

The emphasis in the training on teaching and learning strategies rather than 'preaching' has also been valuable for teachers in developing their pedagogy. The training has encouraged teachers to review their personal values and attitudes and this in turn has helped them to scrutinise their own teaching approaches and to promote balanced teaching content and delivery.

4.1.4 Raising awareness about drugs, their use and related issues

Providing information about different drugs, what they looked like and their effects have been useful in increasing teachers' knowledge about drugs and therefore, promoting a sense of confidence and credibility to teach drug education.

When the training programme focused on the local drug situation, this helped teachers to realise that drug use is an issue for all schools and to raise the profile of drug education within school planning. As one teacher notes

> *We come from a nice village school, but of course the statistics make you realise that it* [drugs education] *needs to be made a priority. We have made substance misuse a priority for next year's school plan.* Senior teacher

Nevertheless, one headteacher still perceives that, while the training will have a positive impact on drug education, the development of drug education is not a priority because *'We're a leafy green suburb…'*.

4.1.5 Awareness and use of particular teaching resources

During the training, teachers were able to peruse various examples of teaching resources and packs and receive guidance from trainers on what to look for when choosing resources. Since the training, class teachers – in particular – report that this has helped them to select resources that are suitable for their pupils' needs.

4.2 Factors influencing the impact of training on school activities and future plans

4.2.1 Planning cycles

An assumption behind the SAD training is that those who have attended the programme will both inform and lead developments in drug education within the school. Some teachers report that while this may be true in the long term, drug education has to take its place in established school priorities and may not be included in the year in which training takes place. Thus, there is considerable variation in the

ways and extent that schools contacted in the follow-up have been able to act on the training.

4.2.2 Local authority influences

Interviews with teachers and the education authority co-ordinators involved with the planning of the PSI training indicate that where an authority has a progressive drug and health education programme or strategy in place, this gives an impetus for teachers to act on the training and develop drug education within the school.

> *They're putting a big commitment into this. Recently staff have been on the other course with the Advisory service involving from Nursery to P7. It's something we're going to have to face up to and get on with.* Headteacher

Authorities' support is welcomed by school staff who appreciate written guidance on the legal position and technical issues related to drug education.

Implementing or developing a drugs education programme is likely to be easiest in those areas where the SAD training is part of an education authority's ongoing drug education initiatives and where schools may therefore have included it in their priorities and action plans. For example, one headteacher commented that:

- there was very useful support material available in the local authority
- the Area Group had already purchased TACADE material and made links with the local secondary school
- HMI had recognised that the school's Health and Social Education programme was 'ahead'
- 'Now we're at the point where we've piloted quite a lot and we are now going to decide as a staff which we prefer.'

The influence of the SAD training on drug education in schools can be expressed on a continuum. At one end is the school where the focus had been on integrating drug education throughout all stages of primary school; curriculum areas identified in action plans are environmental studies and particularly health education. Another pro-active headteacher presented the course material to her whole staff during an in-service afternoon. A further school had incorporated a health promotion policy into a three-year development plan starting the August after training. At a midway point in the continuum we have a head teacher who states that the SAD training has

> *... probably just raised the profile a bit, raised awareness. We were aware of it anyway, but it's like anything else there is so much to do around here that you need a bit of a push, or more emphasis placed on it, more background information. So I think that has been good in the sense that it has pushed this (drug education) to the front of the queue.*

At the other, yet rarer, extreme, 'the management of the school have not yet prioritised the issue' – nothing has happened:

> *I reported back to colleagues, that's all I've done. It's not in our current development plan – that's the three year one we're working on now to start in August. It may be included in the next one, that is for the following year.* Class teacher

4.2.3 School management influences

Some of the participants who have been interviewed have indicated various obstacles to the implementation of a whole school approach to drug education. In some instances headteachers are reluctant to interfere with current plans and priorities. A class teacher pointed out the difficulty of trying to stimulate interest and action in a school where she had been the only person able to attend the training:

> *There is no whole school approach in place at the moment because we're waiting for a member of the management team to discuss it ... Management needs to be involved here. It's not deliberate. However, there needs to be a higher profile in the school. I'll keep reminding them but so far there is no whole school approach yet.*

Other teachers report many more pro-active measures and it seems that while an authority can provide substantial support and encouragement, a crucial factor is whether the senior management team supports the development of drug education.

> *In discussions with staff, I find they're anxious about it. We don't know if we have a problem in school. We know there is in the village. Staff really feel it's someone else's baby. My job is to explain it's part of their job and they have to somehow squeeze it into a short day – not literally every day of course. I'm trying to take a positive approach and remove the negative feelings of some staff. It's not just drugs. It's the same for any new policy initiative ... it's the teachers' fear ... They feel that parents will blame them if more drug problems result from this.* Headteacher

4.3 Further training and resources

The clearest message about further training to emerge so far is that every teacher should go on such a course. For example, if one teacher alone has received training, there is the problem that the responsibility of taking drug education forward in that school can rest with this person. This is particularly a problem if the sole participant from the school is not the headteacher.

While the training has promoted teachers' confidence to provide drug education, there is still a perceived need for continuing support to keep pace with developments in drug use and education approaches. This will help maintain their skills and confidence. The PSI training was designed to provide an initial impetus for action in primary schools and local authorities to assess and develop their drug education policies and practice. Therefore, it seems likely that future drug education training for primary teachers will have to not only up-date teachers' knowledge and skills but reflect increasingly rapid drug and health education developments in their schools and local and national drug issues.

Teachers have been empowered by the training but also still stress the need for continued support, where necessary from experts and other agencies to support their school programme. This need has been anticipated to some extent in the design of the PSI training. The local trainer acts as a contact to support teachers after the initial training.

This evaluation and other similar SCRE evaluations of training highlight the importance of providing sufficient resources to sustain teachers' involvement, especially to

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release more than one teacher from school to attend the training (payment for cover). Also, even when such funding is available, shortages of cover/supply teachers might affect accessibility of such training.

4.4 Conclusion

While the follow-up study of participants has been modest in scale, the information provided suggests that if certain conditions exist, such as support at local authority and school management level, then the PSI training can have a very real and important impact on primary school drug education planning and practice. Our evidence indicates that the longer-term impact and benefits cover a range of aspects of teaching drug education from improving the confidence and abilities to teach drug education to consulting and working with the wider community.

5: Issues for the future

The evaluation has highlighted a number of issues for consideration concerning the future training of teachers who provide drug education. These are presented below.

- It is evident from this study and our other research that some teachers are still somewhat anxious about teaching drug education, especially for younger primary pupils, either because they still do not see the relevance for this age group or in case this contradicts parents' wishes. To leave drug education until P7 in preparation for transfer to secondary school, will be to have missed the time when some (still very few) pupils made critical decisions about starting to smoke, drink alcohol and misuse other substances. Moreover, this puts a particular interpretation on 'drugs education' which all the SAD sponsored training has been careful to avoid *viz* that reference to drugs only concerns illegal substances and therefore is not likely to be the concern of 5–9 year olds. The training incorporates much broader definitions covering all the use of smoking, legal and illegal drugs, drinking alcohol and using inhalants. Therefore, further training and efforts are required to build on the positive impact of the PSI training and to reach those teachers who are still reticent about implementing comprehensive and appropriate drug education.
- The PSI training has clearly benefited participants' skills and approaches concerning drug education. However, there will be new entrants and returners to teaching and others who have not experienced the PSI training. How can we ensure these teachers and others who work with young people and teachers (eg classroom assistants, school nurses) receive training of a similar level and content to PSI and so provide them with a solid basis for teaching and supporting drug education?
- Teachers involved with the PSI training have generally been reassured by their increased knowledge and awareness of illegal drugs as a result of the training. However, we need to ensure that they maintain some sense of perspective about the extent and nature of substance misuse and recognise the point made by one education authority co-ordinator 'that alcohol is the main concern and alcohol is also the gateway to illegal drug experimentation'.
- The PSI training is very intensive covering a lot of ground in a very short time. Targeted follow-up training could be encouraged within cluster groups to re-visit the various topics covered in the basic training and to share experiences and strategies so that the impetus gained through the original training is sustained. This has already happened in at least one authority where Headteachers are invited to one-day seminars on health education provision. One of the key points of the seminars includes a non-emotive approach to drug education for P1–P6. Participants in the PSI training also now have access to the local trainers from their initial training. Monitoring this support will provide insights as to how well it can facilitate further teacher development.
- Participants in the PSI training stressed the importance of having trainers who were familiar with their needs and who adopted appropriate and interactive training

methods. Future teacher training initiatives similar to the PSI approach will have ensure that all trainers possess these same qualities. Systematic and thorough planning and training of trainers will assist this goal.

- Teachers in secondary schools will not have had the benefit of a national training initiative such as provided for primary teachers by the PSI. There is a need to engage secondary schools to develop and implement policies and training that complements the PSI programme. Such training and measures will have to reflect the particular roles of secondary teachers, organisational structures in secondary schools and the nature of personal, social and health education. This will assist the development of a spiral curriculum for drug education that starts in primary schools and proceeds through secondary school. With this aim in mind, some authorities have already taken steps to forge stronger links between primary and secondary schools at cluster level. One of the key aspects of the PSI training is that it has been informed by and reflects the needs of teachers and local authorities. Any major initiative to provide drug education training to secondary teachers should also ensure that this is the case.

  Challenges facing such developments will include whether schools can integrate policies and provide a continuum or spiral curriculum for drug (and wider health) education.

- The current thinking on health education and the philosophy that underpins the PSI training is one that stresses the need for holistic and community-wide partnerships to address drug misuse prevention. Therefore, how do we best involve and work with parents in the field of drug education? Do parents need a separate forum from teachers or should more training and discussion be communal? By no means can, or do, all parents attend meetings at school so are there ways of providing information and/or training for parents which are not dependent on being on the school premises?

6: Conclusions

Our evaluation demonstrates that the PSI training has had a considerable impact on:

- teachers' confidence to teach drugs
- their ability to deploy relevant skills and resources
- school planning concerning drug education.

In addition to the expertise and qualities of the trainers and the programme content, the training approach has also been instrumental in producing these outcomes. By bringing senior management and teachers together for the training this has promoted communication on drug education and fostered shared aims. Where this has not proved possible, class teachers can face difficulty in persuading their senior staff and colleagues to keep drug education on the agenda.

It is unrealistic to expect that the PSI training events alone will meet every teacher's needs but the evidence suggests that the initiative is providing a framework that teachers and authorities can build on. Indeed, this is in accord with the designers' intentions for the PSI training initiative. The topic choices for the programme of training are all relevant to those teachers requiring a basis in planning and implementing a primary school drug education programme.

Whether or not policies and practices continue to develop will depend on a number of factors that have been identified in the follow-up interviews with teachers. Certainly, continuing local authority support reinforces what has been learned and can adapt future provision to locally identified needs. The continuing engagement of the headteacher or depute seems to be crucial in helping drug education (as any area of the curriculum) to progress.

Finally, given the success of the PSI training initiative in providing a basis for primary teachers to develop their school's drug education, one can argue that a similar initiative could be considered for secondary teachers.

References

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Appendix 1: Evaluation approach

The evaluation approach focused primarily on obtaining training participants' views on the training that they had just received using a self-completion questionnaire. A total of 1133 responses were included in the evaluation from across 15 local authorities (see Appendix 2 for details). The vast majority of respondents were, as one might expect, primary school staff (60% were management level and 40% were class teacher level) but a small number of police officers and education authority staff also attended and completed questionnaires.

The survey of participants involved all those from authorities within the first phase of the PSI roll-out which usually consisted of the standard 2-day, National trainer-led model. Thereafter, the evaluation focused on gathering information from those authorities that had varied the standard model.

In addition to the main survey of participants, a small follow-up study that involved interviewing 35 teachers looked at what impact the training had made on their teaching and the wider drug education in their school.

The evaluation also involved interviewing the local authority co-ordinators and programme trainers and examining relevant programme documentation to obtain contextual information to inform our interpretation of data/information. Further details of the evaluation approach and copies of questionnaires used can be obtained from SCRE.

Appendix 2: Breakdown of respondents by local authority

Local Authority	Number of respondents	%
Aberdeen/Aberdeenshire/Moray	117	10
Angus	72	6
Clackmannanshire	41	4
Dumfries and Galloway	26	2
East Renfrewshire	74	6
Falkirk	50	4
Fife	211	19
Glasgow	89	8
Highlands	80	7
Perth and Kinross	78	7
Scottish Borders	20	2
South Ayrshire	67	6
South Lanarkshire	170	15
West Dunbarton	26	2
West Lothian	12	1
Total	**1133**	**100**

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